

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3						
4						
5						
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44						
45	/					
46	/					
47						
48						
49						
50						

TOTAL IND.

↓

TOTAL DEP.

↓

TOTAL CLAIMS

↓

TOTAL IND.

13

TOTAL DEP.

251

TOTAL CLAIMS

264